MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

____ **v** •

SERIAL NO.

10/598529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ¹⁰ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
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7 8	-			1 1		1
9				1		1
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21				1		1
22 23				1		1
24			1	1	1	1
25			1	1	<u>1</u>	1
26				1		$\frac{1}{1}$
27				1		1
28			1		1	
29				1	-	1
30			1		1	
31			1		1	
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33			1			1
34			1			1
35			1	-	-	1
36 37			1		1	
38			1		1	
39			1		1	1
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45			1			1
46			1			1
47			1			1
48						
49 50						
TOTAL	_					
IND.	0	▼	24	•	15	▼
DEP.	0	←	23	4	32	4
TOTAL CLAIMS	0		47		47	

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	AS FILED		AFTER 14 AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99 100						
,	0					
TOTAL IND.	0		0	▼	0	▼
TOTAL DEP. TOTAL	0		0		0	
CLAIMS	0	U.S. DEPAR	O TMENT of C	OMMERCE	0	

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